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UNFPA PROPOSED CONTRIBUTION TO THE UNITED NATIONS SYSTEM STRATEGIC PLAN FOR HIV/AIDS FOR 2001-2005

Report of the Executive Director

I. INTRODUCTION

1. This report has been prepared in response to resolution 1999/36 of the Economic and Social Council, which urges the co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other organizations of the United Nations system "to submit to their governing bodies their proposed contribution to the United Nations system strategic plan for HIV/AIDS for 2001-2005" (para. 9 (c)). The resolution also "requests the United Nations programmes and funds and invites the specialized agencies to . . . complete as soon as possible their respective joint strategies at the country level, with the participation of the Government of the host country to respond effectively to its national strategies and priorities and to participate actively in its implementation" (para. 9 (d)).

2. Preventing HIV infection is appropriately and directly linked to the primary mandate of the United Nations Population Fund (UNFPA): to help ensure universal access to high-quality reproductive health services to all couples and individuals by 2015. The overall framework for UNFPA support is the Programme of Action of the International Conference on Population and Development (ICPD), held in Cairo in 1994. In addressing the issue of HIV/AIDS, the Programme of Action recommends that reproductive health programmes "increase their efforts

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to prevent, detect and treat sexually transmitted diseases and other reproductive tract infections" (para. 7.30). It also recommends the training of health-care providers in the prevention and detection of sexually transmitted diseases (STDs), especially infections in women and youth, including HIV/AIDS; the provision of information, education and counselling on responsible sexual behaviour; and the promotion and reliable supply of high-quality condoms (paras. 7.31-7.33).

3. Following the ICPD, UNFPA incorporated HIV-prevention elements into its three core programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. Gender equality and equity and the empowerment of women are considered as cross-cutting dimensions in the three core areas. In 1995, UNFPA prepared guidelines for its support of reproductive health to indicate, among other things, the components of HIV prevention for which UNFPA provides assistance. As the epidemic worsened, the Fund's support intensified. By 1999, UNFPA was supporting HIV-prevention activities in 138 countries, compared with 41 in 1991.[1]

4. The five-year review of the implementation of the Programme of Action ("ICPD+5") emphasized that HIV prevention is a priority for further action. The Key actions for the further implementation of the ICPD Programme of Action adopted at the Twenty-first Special Session of the General Assembly reiterates the need for education and services at the primary health-care level to prevent the transmission of STDs and HIV/AIDS, especially among those between the ages of 15 and 24 years.

5. In December 2000, the UNAIDS Programme Coordinating Board (PCB) approved the Framework for Global Leadership on HIV/AIDS, which is guiding the development of the United Nations system strategic plan.[2] Noting that the scale of the epidemic is far greater than projections made a decade ago,[3] the Framework sets out the aims of the global strategy as support to "communities and countries to reduce risk and vulnerability to infection" (para. 4). UNFPA support for HIV/AIDS-related activities in 2001-2005 would reflect the overarching direction of this Framework. In June 2001, the United Nations General Assembly Special Session on HIV/AIDS will offer an opportunity to emphasize the importance of a global response to the epidemic and of the need for partnerships – within the United Nations system, with Governments and with non-governmental organizations (NGOs) and other groups in civil society and the private sector – in meeting this challenge.

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[1] UNFPA, *AIDS Update 1999* (New York, 2000). First published in 1991, the *AIDS Update* is an annual publication reporting UNFPA support for HIV/AIDS prevention at country, regional and interregional levels.

[2] UNAIDS, Framework for Global Leadership on HIV/AIDS, UNAIDS/PCB (10)/00.3, 2 November 2000.

[3] Ibid. By the end of 2000, about 36.1 million people were living with HIV/AIDS, according to UNAIDS, *AIDS epidemic update:December 2000* (UNAIDS/00.44E, December 2000), p. 3.

6. With respect to HIV/AIDS, UNFPA is committed to the goals expressed in General Assembly resolution 55/2, the United Nations Millennium Declaration. Echoing some of the themes of the ICPD+5 review, this Declaration includes the goals of halting and beginning to reverse the spread of HIV/AIDS by the year 2015 (para. 19) and helping Africa "build up its capacity to tackle the spread of the HIV/AIDS pandemic" (para. 28).

7. UNFPA activities in HIV prevention, as in all other elements of its programming, are guided by a results-based management process to ensure that the Fund's support is used effectively and that verifiable progress is achieved. The UNFPA multi-year funding framework (MYFF) for 2000-2003, approved by the Executive Board in decision 2000/9, afforded an opportunity to accelerate the adoption of a results-based approach, building on the UNFPA mandate and underscoring the Fund's commitment to clearly defining, managing for, and reporting results, and to mobilizing the required resources. The MYFF refers to the goal of ensuring that all couples and individuals enjoy good reproductive health, and includes a decrease in HIV incidence among persons aged 15-24 as a specific indicator of progress towards that goal.

II. BACKGROUND: MAJOR HIV-PREVENTION ACTIVITIES BEFORE 2001

8. The Fund's concern with the HIV/AIDS epidemic is long-standing. Through the decade of the 1990s, UNFPA supported the integration of HIV-prevention efforts into a wide variety of activities, undertaken in partnership with Governments, NGOs, other international organizations and United Nations agencies, especially other co-sponsors and the UNAIDS secretariat -- the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank. These activities, related to reproductive health programmes and documented annually in UNFPA AIDS Update (see footnote 1), include support for: advocacy for strengthening political commitment; information, education and communication (IEC) efforts, especially oriented towards behaviour change among adolescents and youth; condom programming to improve access to and use of male and female condoms; the training of service providers; and the promotion of gender equality, women's empowerment and the reproductive rights of men, women and adolescents.

9. Advocacy. UNFPA has supported efforts to enlist the commitment of leaders at all levels to enable them to develop and implement policies and programmes on HIV/AIDS. In Africa, for example, under the International Partnership Against HIV/AIDS, UNFPA, in collaboration with UNAIDS, took the lead in developing the Inter-agency Joint Advocacy Initiative against HIV/AIDS to enlist African leaders' political commitment and financial support to combat the epidemic. Following a planning meeting of the Initiative in New York in 2000, a needs assessment mission was undertaken in six African countries. The final report on these assessments is being used for designing and implementing advocacy programmes for other

countries. UNFPA has also supported a network of African women ministers and parliamentarians who meet every two years to address reproductive health issues, including HIV/AIDS. The last such meeting, organized in collaboration with the Government of Namibia, was held in Windhoek (July 2000), where delegates from 44 countries emphasized the importance of addressing the challenges of HIV/AIDS, especially among youth and adolescents in Africa. Another important event was the Dakar World Education Forum (April 2000), in which UNFPA, in support of a United Nations special initiative, advocated "Education for All Young People", in and out of school, and underscored the need for education of girls.

10. Similar advocacy activities have been undertaken in other regions. In the Arab States, advocacy has opened up the discussion of STDs and HIV/AIDS as part of reproductive health programmes. In Asia, UNFPA, in collaboration with the Asian Forum of Parliamentarians on Population and Development (AFPPD) and UNAIDS, has supported efforts to sensitize parliamentarians and policy makers concerning HIV/AIDS issues through the Workshop on HIV/AIDS for Asian Parliamentarians (1999) and the Regional Workshop on Adolescent Reproductive Health (2000), both in Thailand. In Latin America and the Caribbean, UNFPA supported the Latin American Regional Meeting on Adolescent Reproductive Health in collaboration with the Government of Costa Rica (1997) and the first meeting of Caribbean Parliamentarians on Population and Development in Trinidad and Tobago (1999). UNFPA participated in the Annual Parliamentarians Forum, in December 2000, to promote, specifically, HIV prevention within the context of poverty reduction and debt relief.

11. Protection of adolescents. One of the Fund's main strategies has been working with Governments and national partners to promote programmes and policies that will advance the reproductive health and well-being of a country's population. Since the ICPD, UNFPA has focused especially on the reproductive and sexual health needs of adolescents, one of the key areas cited in the ICPD Programme of Action and reiterated in the ICPD+5 review. UNFPA has worked, for example, with the Government of the Islamic Republic of Iran to improve adolescent reproductive health consonant with the country's cultural context. In Botswana, the Philippines and Uganda, among other countries, UNFPA has supported the establishment of peer-counselling programmes which include HIV-prevention messages. For many years, UNFPA has supported programmes to educate young people and teach them life skills both in and out of school settings. By 1999, UNFPA was supporting HIV/AIDS-related IEC interventions in 131 countries. Through its population education and family life education (FLE) programmes and its support for the revision of curricula, UNFPA helped integrate HIV-prevention education into some 66 school systems throughout the world. Messages on preventing HIV have also been conveyed through the media, public-service announcements, poster and essay competitions, and seminars, workshops and conferences. A 52-episode TV series in Nigeria, "I Need to Know", is one such example of this support to the media.

12. Condom promotion. UNFPA is the largest international supplier of condoms and has systematically supported interventions to promote condom use. Its comparative advantages in this area have been recognized and valued by other co-sponsors of UNAIDS. UNFPA provided support for the distribution of condoms in 119 countries in 1999, compared with 30 countries in 1991. It also procured $US 3.4 million worth of condoms, responding to 46 requests from countries to procure condoms with UNFPA core funds.[4] The Fund is supporting the supply of female condoms to 27 countries, including Angola, Brazil, Mongolia, South Africa and Zimbabwe. In addition, the Commodity Management Unit (formerly the Global Initiative on Reproductive Health and Commodity Management) at UNFPA headquarters manages a database on reproductive health commodities, including condoms. The Commodity Management Unit, in collaboration with the UNFPA Procurement Unit, also administers the Global Contraceptive Commodity Programme, including a revolving fund that maintains buffer stocks of essential commodities to expedite delivery of condoms to the requesting countries.

13. Promotion of gender perspectives. UNPFA has promoted gender equality and women's participation in decision-making in its support for policies and programmes in programme countries, including Angola, the Dominican Republic, Ecuador, Mexico, Peru and Swaziland. An urgent priority for UNFPA has been to enable girls and women to protect themselves against sexually transmitted and HIV infections. For physiological, social and economic reasons, women face a greater risk of HIV infection than men do. In several African countries, girls in the 15-19 year age group are five times more likely to be infected than are boys in that age group. UNFPA has supported efforts to empower women and to enhance their ability to communicate with their husbands or partners and to negotiate for safer sexual practices. At the African Development Forum in December 2000, UNFPA organized a panel on HIV/AIDS and gender issues to provide opportunities for in-depth discussion and better understanding of gender perspectives of the epidemic.

14. Involvement of men in HIV/AIDS prevention. UNFPA has continued to promote the greater involvement of men in HIV prevention.[5] Men play a part in almost every case of transmission and have more sexual partners and more control over decisions regarding sex than women do. By 1999, UNFPA was supporting activities related to gender issues in 112 countries, addressing the role of men and boys in preventing HIV infection in many of these. The reproductive health sub-programme in Namibia, for example, includes gender-sensitization workshops, condom programming, and training in counselling to increase men's involvement in safer sexual and reproductive health decisions. In parts of Africa, Asia and Central America, UNFPA supports services, information and counselling to encourage long-distance truck drivers to adopt safer sexual practices. UNFPA also supports programmes for the armed forces of

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[4] *AIDS Update 1999*, p. v.

[5] UNFPA, *Partners for Change: Enlisting Men in HIV/AIDS Prevention* (New York, 2000).

several countries to generate greater awareness of unequal gender relations and violence against women, both of which are related to the spread of HIV/AIDS.

15. Provision of information and services in emergency situations. UNFPA has collaborated with other organizations, especially the United Nations High Commissioner for Refugees (UNHCR) and the International Red Cross, in supporting rapid needs assessments, delivery of reproductive health services, provision of commodities and the training of service providers. Interventions to prevent HIV/AIDS form an integral component of UNFPA's support. The Fund has provided reproductive health kits along with technical support in Afghanistan, Albania, Bosnia and Herzegovina, East Timor, Eritrea, Ethiopia, Guinea-Bissau, Kosovo, Mongolia, Mozambique, Rwanda, the United Republic of Tanzania and Zimbabwe and, in response to natural disasters, in India, Madagascar, Mozambique, Turkey, Venezuela and Zimbabwe.[6]

16. Coordination of country-level activities. Increasingly, UNPFA has been working with UNAIDS co-sponsors, the UNAIDS secretariat and other partners in theme groups at the country level. The theme groups provide coordination among United Nations agencies and organizations, between the United Nations bodies and the national AIDS programmes and, in some countries, among United Nations bodies, NGOs and donor organizations. In 1999, UNFPA took part in UNAIDS theme groups in 130 countries, chairing the theme groups in 22 countries.

17. Capacity-building. Interventions for HIV prevention have been integrated into all capacity-building assistance that UNFPA has provided to Governments and NGOs for population and reproductive health programmes, including training for health providers and peer educators. Training for regional and national trainers in HIV prevention is also a part of the curriculum at the UNFPA-supported Regional Training Centre in Côte d'Ivoire.

18. The three UNFPA Country Technical Services Teams (CSTs) in Africa and the CST in Bangkok have been trained to integrate HIV prevention into their respective activities. Training for the other teams and UNFPA staff is being planned. In addition, eight of the nine teams have been strengthened by the addition of HIV specialists through support from UNAIDS and the Swedish International Development Cooperation Agency (Sida).

III. LESSONS LEARNED: CONSTRAINTS AND CHALLENGES

19. UNFPA has learned much from its greatly expanded efforts over the last decade to promote HIV prevention in reproductive health programmes. Programmes for sexual and reproductive health not only provide needed information and services but also serve as entry points for

[6] See UNFPA, *HIV/AIDS in Crisis Situations* (New York, 1999), a review of UNFPA-supported HIV/AIDS-related projects in refugee camps and emergencies.

addressing the social and behavioural changes that can slow the spread of the HIV infection. Among the challenges, there is the continued need to further increase capacity within the Fund to effectively programme HIV/AIDS interventions within UNFPA country programmes. In this context, it is necessary to develop strategies and tools to make an adequate contribution to this area. In-house reporting mechanisms that permit regular assessments of experiences and achievements in HIV prevention are limited and need to be strengthened. Moreover, because HIV-prevention efforts have generally been integrated into programmes and projects dealing with reproductive health or gender issues or adolescents, it is difficult to identify precisely the contributions of those efforts and give them due recognition. Continued efforts are required to further focus UNFPA interventions to those activities for which the Fund offers strong comparative advantages and to ensure complementarily with other partners.

20. UNFPA has extensive experience in addressing such sensitive subjects as family planning and sexual health as well as behavioural change. Therefore, the Fund has a comparative advantage in making a significant contribution to preventing HIV infection. Along with other UNAIDS co-sponsors and the UNAIDS secretariat, UNFPA has found that prevention works, is cost effective and is feasible.[7] Among the indications of progress, surveillance testing in urban areas of Uganda reveals a 40 per cent drop in HIV prevalence among pregnant women, associated with delayed first sexual intercourse, increased condom use and fewer sexual partners. Similarly, in the United Republic of Tanzania, HIV prevalence fell by 60 per cent over a period of six years in areas with active prevention programmes. In Senegal, prevention efforts apparently stabilized HIV rates at low levels among sexually active adults. In Thailand, prevention efforts resulted in decreases in HIV prevalence among both pregnant women and young male soldiers.[8] In Thailand and elsewhere, the 100 per cent condom policy has been credited with helping to reduce HIV prevalence. Strong political commitment was the common thread in all countries with positive experiences. UNFPA support has contributed to the positive changes in these countries.

21. In recognition of the need to intensify action against HIV/AIDS because of its adverse effect on health and socio-economic development, UNFPA undertook an independent thematic evaluation of its support for HIV-related interventions in seven countries in 1997/98. The evaluation, conducted by teams of independent experts, found that UNFPA made valuable contributions to incorporating HIV/AIDS-prevention considerations into country-level activities.[9] However, the evaluation also reported that UNFPA needed to adopt more proactive, systematic planning, to establish indicators for monitoring performance and to strengthen

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[7] UNAIDS, Framework, paragraph 15.

[8] The data in this paragraph for Uganda, the United Republic of Tanzania, Senegal and Thailand are from *AIDS Update 1999*, p. 8.

[9] UNFPA, *UNFPA Support to HIV/AIDS-Related Interventions*, Evaluation Report No. 16 (New York, UNFPA, 1999), p. 41.

communication between headquarters and the field. It recommended that UNFPA, in collaboration with other partners, should promote awareness and build technical expertise and HIV/AIDS programme management competence within UNFPA through communication, training and workshops in order to keep up to date and active in the HIV/AIDS field. To respond more effectively to the HIV/AIDS epidemic, UNFPA also needs to support the scaling up of many efforts from the pilot phase to national coverage and to ensure that programmes and projects deal with HIV prevention in a focused and coordinated fashion.

IV. STRATEGIC DIRECTIONS FOR 2001-2005

22. The UNFPA strategy with respect to HIV prevention in the years 2001-2005 reflects the Fund's commitment to expanding access to reproductive and sexual health services in line with the goal of the ICPD to ensure universal access by the year 2015, and the commitment especially to HIV prevention as part of adolescent reproductive health; to the prevention of HIV infection in mothers and its transmission to their children; to the training of health-care providers in STDs and HIV/AIDS; to IEC and counselling on responsible sexual behaviour and to the provision of a reliable contraceptive supply (see paras. 2 and 4 above). The discussion of the Fund's programming priorities is followed by a discussion of the implications of the strategy for effective partnerships, and the institutional and resource requirements needed to achieve priority goals.

A. Programming priorities

23. At its annual session in June 2000, the Executive Board reviewed and endorsed the future strategic directions for UNFPA.[10] In line with the Board's recommendations, the Fund's priorities in the 2001-2005 period would be to continue to focus on HIV prevention through advocacy and IEC and through the integration of attention to HIV prevention in national reproductive health programmes. Advocacy efforts at both the country and intercountry levels would aim at fostering a supportive environment and increasing the commitment and support of policy makers for population and reproductive health and rights. IEC efforts would focus chiefly on promoting behavioural change, especially among youth and adolescents. In the integration of HIV prevention interventions in reproductive health programmes, special attention would be given to adolescent reproductive and sexual health, condom (both male and female) programming, and prevention of HIV infection transmission to mothers and children. Specific interventions would be identified when developing or reviewing progress of sub-programme activities in programme countries to ensure incorporation of low-cost interventions to mainstream HIV-prevention activities in the ongoing country programmes. The country programmes for 2001-2005, including those for Burkina Faso, Chad, Cambodia, Ghana,

[10] UNFPA, Future programme directions of UNFPA in light of the outcome of the five year review of the International Conference on Population and Development (ICPD+5) (DP/FPA/2000/9), 15 May 2000.

Indonesia, Namibia and Uganda, already reflect these emphases. In the implementation of its support for HIV prevention, UNFPA would be guided by the recommendations of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), being convened in June 2001. The Fund is actively involved in supporting preparations for the Special Session through participation in the process led by the UNAIDS secretariat.

24. HIV-prevention as part of adolescent reproductive health. UNFPA would further strengthen its support to HIV-related interventions for both in-school and out-of-school youth and adolescents. It would, therefore, contribute to meeting the targets set by the 1999 General Assembly Special Session[11] for the reduction of HIV prevalence among those in the 15-24 age group, who account for about half of new HIV/AIDS infections. Evidence suggests that comprehensive education through formal and non-formal education systems can contribute to delayed sexual activity and to reduced HIV-infection rates. In the 2001-2005 period, UNFPA would develop and promote a global strategy on sexual and reproductive health, with emphasis on sexuality education and HIV prevention. A desk review of existing population education programmes is being undertaken to develop strategies for reorienting them and improving the quality of curricular and teaching materials, ensuring gender sensitivity and the inclusion of HIV-prevention education at appropriate levels. UNFPA would strengthen support for, inter alia, the creation of pre- and in-service teacher training packages on HIV/AIDS education; the promotion of linkages between schools and community services, particularly reproductive health services; and the promotion of partnerships between parents, community leaders, religious leaders and policy makers in developing and implementing family life education.

25. For young people who are already sexually active, UNFPA would continue to support the development of "youth-friendly" services to help them adopt safer behaviour. This would entail support for peer education and peer support programmes, particularly for the most vulnerable young people, to be undertaken in collaboration with other United Nations agencies and partners. In this connection, UNFPA would support the provision to young people of information, counselling and services, appropriately tailored to the specific cultural context, including the promotion of condoms for dual protection from sexually transmitted infections (STIs), HIV and unwanted pregnancy.

26. Condom programming and commodity security. As the designated focal point within UNAIDS for condom programming, UNFPA has developed a strategy on reproductive health commodities to be integrated into all UNFPA-supported and national reproductive health programmes.[12] This strategy involves the coordinated active participation of many partners at

[11] United Nations General Assembly, Twenty-first special session of the General Assembly for an overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development: Report of the Secretary-General (A/54/442), 5 October 1999, paragraph 24 (e).

[12] "A Global Strategy for Reproductive Health Commodity Security", UNFPA, 2000.

global and national levels, including Governments, donors, United Nations agencies and organizations, foundations, NGOs and the private sector. Under this strategy, UNFPA would, among other things, strengthen internal coordination, at headquarters, among the Commodity Management Unit, the Procurement Unit, the Global Contraceptive Commodity Programme and other headquarters units and branches and, in the field, with CSTs and the Fund's country offices. Thus, UNFPA proposes to further strengthen the support to comprehensive condom programming, including support for capacity building in forecasting commodity supply requirements in general, for training national staff in procurement, for social marketing distribution systems, for training national staff in logistics management as part of quality assurance, and to address user needs and perspectives to ensure increased acceptability and use of male and female condoms.

27. The activities undertaken under the new strategy would be incorporated into programme reviews, country programme assessments (CPAs), programme development exercises and, increasingly, into such broader mechanisms as the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF). UNFPA would fully integrate the work of the Commodity Management Unit into UNFPA-supported country programmes. It would also expand the Commodity Management Unit's database, which focused during the 1990s on contraceptive commodities, to other reproductive health commodities, including those for the prevention and management of reproductive tract infections (RTIs) and STDs, and the prevention of AIDS. The database would also be used to track and identify gaps in donor, government and private-sector support for commodity supply.

28. Prevention of HIV infection in mothers and its transmission to their children. UNFPA would continue to collaborate with UNAIDS, UNICEF and WHO on activities related to prevention of HIV infection in mothers and its transmission to their children. The main focus of UNFPA support in this area would be to strengthen the "M" in these interventions, that is, to improve the integration of HIV-prevention interventions into antenatal and safe delivery services. UNFPA would support the preparation of technical tools for maternal-care providers to reduce the risk of infection in pregnant women themselves and its transmission to their children and to the HIV-negative partners. This would include issues such as counselling and testing to determine HIV status; counselling on breast-feeding and safe sexual behaviour; the provision of male and female condoms; and provision of safe delivery practices. The training of maternal-care providers would form an integral component of an intervention package to be implemented in countries, jointly with other partners, UNICEF and WHO in particular.

29. Male involvement in the prevention of HIV. The critical role of men in the spread of HIV makes it important for the Fund to give increased attention to interventions to reach men, especially men who are separated from their families for long periods of time. Support would be provided for such activities as communication to change behaviour, STD diagnosis and treatment

and HIV testing and counselling, condom distribution and improved access to and use of condoms.

30. Emergency and conflict situations. STIs and HIV infection spread more quickly in situations of social and political instability, such as conflicts or population displacements. UNFPA proposes to strengthen its contribution to addressing the rights of refugees and other displaced populations to reproductive health. Efforts for STI/HIV prevention, as an integral component of the package of support in conflict situations, would be continued. Proposed activities would include the provision of reproductive health kits; the training of service providers to diagnose and treat curable STIs; the development of IEC activities; and the development of counselling programmes to help individuals manage and deal with traumatic experiences, including violence and rape, and to make informed decisions about safer sex. UNFPA would continue to actively collaborate with the UNAIDS Humanitarian Unit, including in joint assessments, such as missions to Eritrea, Ethiopia and Sierra Leone to assess the impact of conflict on the HIV/AIDS epidemic and on ways to protect the local population and peacekeepers. Following these missions, projects have been developed for HIV prevention during the demobilization process.

31. Capacity-building. UNFPA, in collaboration with other partners, through the theme groups at the national level, would intensify efforts to built national capacity to plan, implement and manage HIV/AIDS interventions. Capacity-building of national counterparts would be an important strategy in reproductive health, including regional-level training and country-level technical backstopping. Towards this end, UNFPA would make special efforts to strengthen its institutional capacity through staff training (see para. 38).

32. To help countries design and monitor effective policies and programmes, UNFPA would, as part of population-based qualitative studies on reproductive health, include a component on STI/HIV prevention in order to identify gender dimensions of HIV/AIDS and sexual behaviour patterns contributing to HIV infection, including in relation to cross-border migrations.

B. Implications of the proposed strategy for global, regional and national partnerships

33. The Fund's support for HIV prevention would be undertaken in collaboration with UNAIDS and other UNAIDS co-sponsors. In addition, UNFPA would develop closer collaboration with other organizations and agencies of the United Nations system, including all partners in the United Nations Development Group; with multilateral and bilateral donors; and with regional development banks. It would also utilize global mechanisms such as the WHO/UNICEF/UNFPA Coordinating Committee on Health, which recommended strengthened collaboration between the three organizations on, inter alia, HIV/AIDS and adolescent health. UNFPA would continue to work with the United Nations Development Fund for Women

(UNIFEM) and others on the introduction of gender-based violence considerations in reproductive health care and with other United Nations agencies and organizations, including the United Nations High Commissioner for Refugees (UNHCR), United Nations Office for Project Services (UNOPS), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the World Food Programme (WFP). In Africa, it collaborates with the United Nations Special Initiative on Africa through the International Partnership against HIV/AIDS in Africa (IPAA). In Europe, it collaborates with UNAIDS and the WHO Regional Office for Europe in implementing a regional strategy to curb STDs/HIV/AIDS, and in Asia it chairs the Regional Inter-Agency Thematic Committee on HIV/AIDS.

34. In addition to the Fund's central focus on the prevention of HIV, UNFPA has, along with UNICEF, WHO, the World Bank and the UNAIDS secretariat, attempted to increase access to care by seeking to widen the range of medications and to expand the number of potential suppliers.[13] The Fund's extensive experience in procurement gives it a special advantage in negotiating lower prices for commodities, including drugs for HIV/AIDS prevention, treatment and care.

35. UNFPA has already forged many partnerships with international and national NGOs. By 1999, NGOs were implementing UNFPA-supported HIV/AIDS activities in 115 countries.[14] To develop gender-sensitive approaches for HIV/AIDS-related programmes, UNFPA would strengthen its partnerships with such groups as Partners in Safe Motherhood and Save the Children, as well as with human-rights and women-centred NGOs and government ministries for women, social services and justice. In Africa, in particular, UNFPA would aim at strengthening regional networks of lawmakers, parliamentarians, civil society organizations, and religious and other leaders to heighten support for regional priorities, including HIV prevention.

C. Implications of the proposed strategy for the mobilization of resources

36. Because of the great number of requests from Governments and the magnitude of the funds required to address HIV/AIDS interventions, UNFPA has made special efforts to secure funding from traditional and less traditional sources. It is working with bilateral donors both in developing programmes and projects and in the overall effort to ensure that the resources pledged at the ICPD materialize. Since the ICPD, UNFPA has urged donor countries to provide the funds needed so that access to reproductive health services can be universal by the year 2015. Thus far, there has been a shortfall in the projected amounts needed for this purpose.[15] In January 2001, UNFPA reported substantial contributions from the Netherlands and the United Kingdom for reproductive health commodities, including those for management of STIs and HIV

[13] UNAIDS, Report by the Executive Director, UNAIDS/PCB(10)/00.2, p. 9.

[14] UNFPA, Preventing HIV Infection: Protecting Reproductive Health (New York, UNFPA, n.d.), p. 9.

[15] In addition, because of a four-year decline in donor contributions, UNFPA activities in support of HIV/AIDS prevention, as in all aspects of its programming, were severely curtailed in 1999 and 2000.

prevention. These contributions would help offset a shortfall in supplies, including male and female condoms for HIV prevention and other reproductive health commodities, as demand in many countries is far exceeding the supply.

37. UNFPA seeks to increase its technical and financial resources to respond to the challenge of HIV prevention. In partnership with international NGOs and other United Nations agencies and organizations, UNFPA has been able to mobilize additional resources from foundations, including the Bill and Melinda Gates Foundation, for preventing HIV/AIDS among young people in four African countries (Botswana, Ghana, Uganda and the United Republic of Tanzania) and the Turner Foundation for the inclusion of HIV prevention in adolescent reproductive health programmes in selected African countries (including Benin, Burkina Faso, Mali, Sao Tome and Principe, and Senegal). In Asia, European Union/UNFPA initiatives are supporting adolescent reproductive health programmes, including HIV-prevention activities, in seven countries (Bangladesh, Cambodia, the Lao People's Democratic Republic, Nepal, Pakistan, Sri Lanka and Viet Nam).

D. Implications of proposed strategy for UNFPA institutionally

38. UNFPA recognizes the critical need to reinforce its institutional capacity at headquarters and in the field so that it can contribute to addressing the HIV epidemic and appropriately strengthen national capacities. Towards this end, UNFPA is developing an institutional strategy and the much-needed technical tools for strengthening its HIV-prevention efforts as part of reproductive health programmes. In collaboration with the UNAIDS secretariat and other partners, UNFPA would support regional workshops similar to those held in Dakar in 1999 for UNFPA CST specialists and field offices in Africa, and for Asian parliamentarians in Thailand. UNFPA is also strengthening mechanisms to communicate with the field offices and to disseminate updates on relevant programmatic implications of specific issues related to HIV prevention. The Fund needs to document and share experiences and best practices on specific aspects of HIV/AIDS.

39. Strengthening training and networking. In the 2001-2005 period, UNFPA would intensify its support to the country offices, which are on the front line of helping countries deal with the epidemic. Towards this end, it has instituted an interdivisional working group on HIV/AIDS. The mandate of this working group is to facilitate the exchange of information, the planning of Fund strategies and interventions, and the development of a coordinated UNFPA response. After the institutional strategy and technical tools have been developed, the technical capabilities of staff would be enhanced through regional training workshops. UNFPA, together with the United Nations Staff College in Turin, is already preparing distance-learning modules on reproductive health, with specific modules on HIV/AIDS. This endeavour would also serve as a useful training modality for UNFPA staff.

40. Monitoring and evaluation mechanisms. The monitoring and evaluation of HIV/AIDS-prevention activities in country-level and regional and interregional programmes would be undertaken in accordance with standard UNFPA guidelines and, in particular, the recently instituted results-based management system. This system permits the identification of clear goals, outputs, indicators, strategies and resources; it also permits the regular monitoring of performance, and feedback into, programmes and projects. The logical frameworks of the country programmes would continue to be updated to reflect the inclusion or the strengthening of existing components dealing with HIV/AIDS prevention.

V. CONCLUSION

41. Through its active collaboration with UNAIDS and other UNAIDS co-sponsors, UNFPA has worked with Governments, NGOs, the media, the private sector and the entire United Nations system to respond to the epidemic. UNFPA is well positioned to assist countries in taking the actions necessary for preventing the spread of HIV infection. UNFPA has more than three decades of experience in advocacy on difficult and sensitive issues in IEC for behaviour modification and on gender issues. It has a network of field offices and CSTs that are experienced in dealing with these issues. Moreover, UNFPA is the most important supplier of reproductive health commodities and the largest international provider of condoms. UNFPA is a strong team player within UNAIDS and with a broad array of civil society partners. All these strengths would be brought to bear as part of the Fund's contribution to forging an appropriate response to the epidemic.

VI. ELEMENTS OF A DECISION

42. The Executive Board may wish to:

(a) Take note of this report;

(b) Endorse the proposed substantive focus for the years 2001-2005 with respect to HIV/AIDS as set forth in this report;

(c) Endorse the Fund's overall approach to collaboration and coordination with UNAIDS and the United Nations Development Group, and with other United Nations agencies and organizations, NGOs and the private sector;

d) Note the critical need for increased resources from all sources so that UNFPA can make its special contribution to the efforts of the United Nations system to curb and reverse the spread of HIVAIDS.